

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **EMERITUS CORPORATION**

LEGAL ENTITY

To operate **EMERITUS AT ALLENSTOWN**

NAME OF FACILITY OR AGENCY

Located at **1545 GREENLEAF STREET, ALLENSTOWN, PA 18102**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **150**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32**

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 28, 2013** until **July 28, 2013**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216551**

Robert E. Robinson

ISSUING OFFICER

R.C. Kline

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 – 01/11



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 29 2013

Ms. Melanie Werdel, EVP Administration
Emeritus Corporation
3131 Elliott Avenue, Suite 500
Seattle, Washington 98121

**RE: Emeritus at Allentown
1545 Greenleaf Street
Allentown, Pennsylvania 18102**

Dear Ms. Werdel:

As a result of the Department of Public Welfare's (Department) licensing inspections on December 26, 2012 and December 27, 2012 of the above personal care home, the violations specified on the enclosed Violation Report were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #216550 dated August 11, 2012 to August 11, 2013 is REVOKED. A FIRST PROVISIONAL license, effective January 28, 2013 to July 28, 2013 is being issued based on your plan to correct the violations as specified on the Violation Report. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

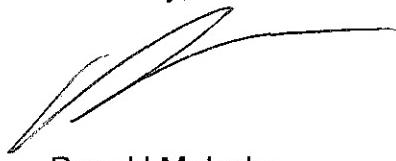
All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

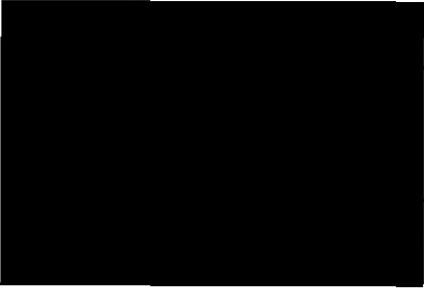


Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

Page 1 of 5

PCH Name: EMERITUS AT ALLENTOWN		License Number: 216550
Address: 1545 GREENLEAF STREET, ALLENTOWN, PA 18102		County: Lehigh
Administrator: Lee Moyer		Region: NORTH
Legal Entity Name: EMERITUS CORPORATION		
Legal Entity Address: 3131 ELLIOTT AVENUE SUITE 500, SEATTLE, WA 98121		
Certificate(s) of Occupancy		
C-2 LP 04/12/1989 Department of L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 141	Waking Staff: 106
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
12/26/2012: Hummel, Jesse; Novak, Ryan 12/27/2012: Hummel, Jesse; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, If Applicable		
RECEIVED JAN 28 2013 SCRANTON FIELD OFFICE Human Services Licensing		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 150	Number of Residents who:	
Number of Residents Served: 94		
Secured Dementia Care Unit In Home: No YES		
Area:		
Secured Dementia Unit Capacity, If Applicable: 32		
 		

Violation Report: 21655 - 12/26/2012 - Hummel, Jesse

PCH Name: EMERITUS AT ALLENTOWN

1. REGULATION 55 Pa. Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12/20/12 at 8:00am staff person A noticed that the medications prescribed for resident #1 were located in the medication cart. Based upon a conversation with resident #1 two days prior, staff person A was under the assumption that resident #1 was out on a leave of absence with [REDACTED] son. The home's medication policy states that when a resident is out on a leave of absence the resident's medications are to go along with the resident. The medications were located in the medication cart and therefore were not administered to resident #1 on 12/20/12 at 8:00am as prescribed. This medication error was not reported to the Department as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident's MAR's were reviewed, and we began interviewing staff immediately on 12/22/12 as part of our internal investigation to help determine what had happened and if proper medication procedures were being followed.

A mandatory in-service was held on 12/28/12 on proper Medication Procedures and Extended Absence Management. This included procedures to be followed regarding medication during a resident's leave of absence and the proper reporting procedure for a missed medication. Staff person A was in attendance at this in-service. (Please see the included sign-in sheets.)

The Extended Absence Management policy as well as the Reportable Incident process will be included in all future new staff orientations as well as being held annually for all health service managers and staff. Monthly Audits of MAR's will be completed by the Administrator and/or designee to ensure compliance. The Quality Assurance Committee will conduct random audits of reportable incidents.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>[Signature]</i> (Required on EVERY Page)
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>L.J. Moyer, Executive Director</i>	Date <i>1/25/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-28-13</u> (Date)	Plan of correction implementation status as of <u>1-28-13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21655 - 12/26/2012 - Hummel, Jesse
PCH Name: EMERITUS AT ALLENTOWN

1. REGULATION 55 Pa. Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 12/22/12 at 8:00pm resident #1 was discovered deceased lying on the bathroom floor located in the residents bedroom. On 12/20/12 at 8:00am staff person A noticed that the medications prescribed for resident #1 were located in the medication cart. Based upon a conversation with resident #1 two days prior, staff person A was under the assumption that resident #1 was out on a leave of absence with the resident's son, however staff person A never confirmed the leave of absence. The home's medication policy states that when a resident is out on a leave of absence the resident's medications are to go along with the resident. The home's rules state that residents may leave the community at will, but must first inform the Front Desk Receptionist of his/her destination and time expected back, and then must sign out in the "Community Sign In and Out Sheet." The home also has a guest policy that states all visitors must sign in and out at the front desk when entering or leaving the facility. Department Representatives reviewed both the visitor sign in/out sheet as well as the Community Sign In and Out Sheet, however resident #1 did not sign out, and there were no visitors that signed in to visit resident #1 on 12/18/12 through 12/22/12. Direct care staff person B and C stated that it was reported by staff person A that resident #1 was out on a leave of absence. Based upon this information the staff of the facility were under the assumption that resident #1 was in fact out on a leave of absence from 12/20/12 through 12/22/12 at 8:00pm when the resident was discovered deceased. The facility neglected to act on numerous indications that resident #1 did not leave the facility, including never confirming that resident #1 ever in fact left the facility after the resident's medications were discovered in the medication cart on 12/20/12 at 8:00am and not in fact in the possession of resident #1 who was believed to be out of the facility on leave.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

(Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

We began interviewing staff immediately on 12/22/12 as part of our Internal Investigation to help determine what had happened. An instant in-service was posted on 12/23/12 on checking for residents and confirming a resident's leave of absence. (Please see the included sign-in sheets)

A mandatory in-service was held on 12/28/12 on the Resident Checks policy, Extended Absence Management, Missing Resident procedures, Medication Procedures, and Observation and Monitoring of Residents. Staff persons A, B, and C were in attendance at this in-service. This included procedures to be followed regarding medication during a resident's leave of absence, the resident/visitor sign-in and sign-out procedure, proper reporting procedures for a missed medication, and procedures to follow if a resident is not present in the community. (Please see the included sign-in sheets.)

Extended absence management, Missing Resident procedures, and Resident checks policy will be included in all future new staff orientations as well as being held annually for all health service managers and staff.

Missing resident drills will be conducted monthly in January, February, and March 2013. Drills will be held quarterly thereafter. All drills will be supervised by the Administrator and/or designee to ensure compliance. The Quality Assurance Committee will review the missing resident drills quarterly.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative <i>[Signature]</i> (Required on EVERY Page)
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Printed Name and Title of Legal Entity Representative <i>LJ Moyer, Executive Director</i> (Required on EVERY Page)	Date 1/25/13
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1-28-13
(Date)

Plan of correction implementation status as of 1-28-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 21655 - 12/26/2012 - Hummel, Jesse
PCH Name: EMERITUS AT ALLENTOWN

1. REGULATION 55 Pa. Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 12/20/12 at 8:00am staff person A Initiated the Medication Administration Record for resident #1 indicating that resident #1's prescription medications were in fact administered as prescribed. However it was determined through an interview with staff person A that the medications for resident #1 were not in fact administered to the resident on 12/20/12 at 8:00am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident's MAR's were reviewed, and we began interviewing staff immediately on 12/22/12 as part of our internal investigation to help determine what had happened and if proper medication procedures were being followed. Staff person A was called on 12/22/12 regarding her medication documentation. She has been individually counseled on proper documentation procedures for medication administration.

A mandatory In-service was held on 12/28/12 on proper Medication Procedures. This included proper documentation procedures for medication administration. Staff person A was in attendance at this in-service. (Please see the included sign-in sheets.)

The Administrator and/or designee will conduct monthly audits of MAR's to ensure compliance. The Quality Assurance Committee will review the audits quarterly.

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Violation Report: 21655 - 12/26/2012 - Hummel, Jesse
PCH Name: EMERITUS AT ALLENTOWN

1. REGULATION 55 Pa. Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On 12/20/12 at 8:00am staff person A noticed that the medications prescribed for resident #1 were located in the medication cart. Based upon a conversation with resident #1 two days prior, staff person A was under the assumption that resident #1 was out on a leave of absence with the resident's son. The home's medication policy states that when a resident is out on a leave of absence the resident's medications are to go along with the resident. The medications were located in the medication cart and therefore were not administered to resident #1 on 12/20/12 at 8:00am as prescribed. The facility failed to contact the resident, the resident's designated person, or the prescribing physician of this medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We began interviewing staff immediately on 12/22/12 as part of our internal investigation to help determine what had happened and if proper medication procedures were being followed.

A mandatory in-service was held on 12/28/12 on proper Medication Procedures and Extended Absence Management. This included procedures to be followed regarding medication during a resident's leave of absence and the proper reporting procedure for a missed medication. Staff person A was in attendance at this in-service. (Please see the included sign-in sheets.)

The Extended Absence Management policy as well as the Reportable Incident process will be included in all future new staff orientations as well as being held annually for all health service managers and staff. Monthly Audits of MAR's will be completed by the Administrator and/or designee to ensure compliance. The Quality Assurance Committee will conduct random audits of reportable incidents.

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